

SCHEDULE 1

(Regulation 3(3))

**KINGDOM OF LESOTHO  
MINISTRY OF SMALL BUSINESS DEVELOPMENT, COOPERATIVES AND MARKETING**

***APPLICATION FOR A PERMIT TO IMPORT BREAD***

1. FULL NAMES OF APPLICANT.....
2. RESIDENTIAL ADDRESS.....
3. POSTAL ADDRESS.....
4. BUSINESS ADDRESS.....
5. PERMIT IS REQUESTED FOR IMPORTING:

SPECIFICATION	QUANTITY
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

6. SOURCE OF IMPORTS.....
7. REASONS FOR WISHING TO IMPORT:.....  
.....
8. APPROXIMATE DATE OF IMPORTATION.....
9. BORDER/PORT THROUGH WHICH THE CONSIGNMENT WILL PASS  
.....

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT IN EVERY RESPECT AND I UNDERTAKE TO COMPLY WITH THE REQUIREMENTS SET OUT IN THE PERMIT ONCE ISSUED TO ME.

NOTE: This application must be accompanied by a certified copy of trading licence, and any information which the principal secretary may require.

**DATE:**.....

**APPLICANT:**.....

**CUSTOMS! IT IS IMPORTANT TO MAKE DEDUCTIONS AT THE BACK**

SCHEDULE  
KINGDOM OF LESOTHO  
(Reg. 3(7))

MINISTRY OF SMALL BUSINESS DEVELOPMENT, COOPERATIVES AND MARKETING

Licence No.: \_\_\_\_\_  
Expiring: \_\_\_\_\_

**PERMIT**

NUMBER: \_\_\_\_\_

TO IMPORT BREAD

PERMIT IS HEREBY GRANTED TO:..... OF:.....  
TO IMPORT:

**SPECIFICATION**

**QUANTITY**

White	.....loaves
Brown	.....loaves
Whole Wheat	.....loaves
Bread Rolls	.....rolls

NOTE: Any other types of wheaten products can be imported free of import permit

PORT OF ENTRY: ..... Border *Post*

**CONDITIONS:**

**THE PERMIT HOLDER TO REPORT ON ACTUAL IMPORTS ON EXPIRY OF THIS PERMIT  
FOR EFFECTIVE IMPORT CONTROL MEASURES, USE OF PHOTOCOPIES IS TOTALLY  
DISCOURAGED**

**THIS PERMIT IS NOT ISSUED TO RELEASE CONFISCATED/SEIZED BREAD  
RESPONSIBILITY OF USE OF THIS PERMIT SHOULD NOT BE TRANSFERRED TO  
SUPPLIERS**

**IMPORTED BREAD SHOULD BE ENTIRELY PROCESSED/CONSUMED WITHIN THE  
BORDERS OF THE LODGE  
LESOTHO CUSTOMS OFFICIALS WILL MAINTAIN STRICT CONTROL OF THE QUANTITIES  
SHOWN ON THE PERMIT**

**THIS PERMIT IS VALID FOR THE PERIOD COMMENCING FROM.....TO: .....**

\_\_\_\_\_  
FOR PRINCIPAL SECRETARY  
MINISTRY OF SMALL BUSINESS DEVELOPMENT,  
COOPERATIVES & MARKETING

DATE STAMP